



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
ILD 980612717

II. SITE NAME AND LOCATION

| | | | | | |
|--|----------------|---|-------------------|-----------------------|-----------------------|
| 01 SITE NAME (Legal, common, or descriptive name of site) Golf and River Landfill | | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Golf and River Roads | | | |
| 03 CITY Des Plaines | 04 STATE IL | 05 ZIP CODE 60016 | 06 COUNTY Cook | 07 COUNTY CODE 031 | 08 CONG DIST IL-12 |
| 09 COORDINATES LATITUDE 42 03 20.0 | | LONGITUDE 287 52 10.0 | | | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) This site is located at the Northeast corner of the intersection of Golf Road and Des Plaines River Road. (See attached map.) | | | | | |

III. RESPONSIBLE PARTIES

| | | | | | |
|--|----------------|--|---------------------|--|--|
| 01 OWNER (If known) Sisters of Nazareth | | 02 STREET (Business, mailing, residential) 353 N. River Road | | | |
| 03 CITY Des Plaines | 04 STATE IL | 05 ZIP CODE | 06 TELEPHONE NUMBER | | |
| 07 OPERATOR (If known and different from owner) Sanitary Improvement Co. | | 08 STREET (Business, mailing, residential) 5859 N. River Road | | | |
| 09 CITY Rosemont | 10 STATE IL | 11 ZIP CODE 60018 | 12 TELEPHONE NUMBER | | |
| 13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN | | | | | |
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 06/08/81 MONTH DAY YEAR <input type="checkbox"/> C. NONE | | | | | |

IV. CHARACTERIZATION OF POTENTIAL HAZARD

| | | | | | |
|--|--|---|--|--|--|
| 01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 08/29/69 MONTH DAY YEAR <input type="checkbox"/> NO 11/24/70 | | BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input checked="" type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____ | | | |
| 02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN | | 03 YEARS OF OPERATION BEGINNING YEAR 1955 ENDING YEAR 1969 <input type="checkbox"/> UNKNOWN | | | |
| 04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED UNKNOWN | | | | | |

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Groundwater (Environment)
Surfacewater (Environment)

EPA Region 5 Records Ctr.



327862

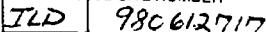
V. PRIORITY ASSESSMENT

| | | | |
|--|--|--|--|
| 01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form) | | | |
|--|--|--|--|

VI. INFORMATION AVAILABLE FROM

| | | | | | |
|---|--|-------------------------------------|-------------------------|---------------------------------------|------------------------------------|
| 01 CONTACT Greg Dunn | | 02 OF (Agency/Organization) IEPA | | 03 TELEPHONE NUMBER (217) 785-6872 | |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT Gregory W. Dunn | | 05 AGENCY IEPA | 06 ORGANIZATION RPMS | 07 TELEPHONE NUMBER (217) 785-6872 | 08 DATE 01/28/87 MONTH DAY YEAR |

000557 NB



I HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
ILL 980612717

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED 2,000

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Possible contamination of Groundwater if hazardous wastes were dumped at site. It is unknown if hazardous wastes exists.

01 ☒ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED unknown

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

See "A" above. Also, Des Plaines River is less than 1/2 mile from site.

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☒ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED 2,000

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

See "A" above.

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

ILL 980612717

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills runoff standing liquids leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 710,000

IV. COMMENTS

This site, according to inspections, received only mixed municipal wastes. No other wastes were disposed during inspections

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Illinois EPA Land Files

EXECUTIVE SUMMARY

Golf and River Landfill is located northeast of the intersection of the Golf and Des Plaines River Roads in Des Plaines, IL. The site was placed on CERCLIS because of CERCLA 103(c) forms received from Sanitary Improvement Company and Arc Disposal Company, Inc. Sanitary Improvement operated the landfill while Arc Disposal transported waste to the site. The property is owned by the Sisters of Nazareth in Des Plaines, IL.

The landfill began operations circa 1955, receiving only mixed municipal wastes. On July 28, 1969, the operators filed an Application for Registration of a Refuse Disposal Site with the Illinois Department of Public Health. In 1970 the landfill stopped receiving refuse and on November 24, 1970, the site was considered to have final cover for closure. During the years of operation only lack of daily cover was cited as a problem at the site. No hazardous wastes were recorded to have been disposed at the site.

No known incidents involving releases nor any known potential pathways for contamination exist for the site. A low priority is warranted due to the lack of records for refuse dumped at the site prior to 1966. The inspection should be on a time available basis and samples may be deemed necessary.



Cook Co. - S.F.

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

710609

IL #160 ILS-000-001-399

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Arc Disposal Co. Inc. (transporter)

Street 5859 N. River Rd.

City Rosemont, Ill.

State Ill.

Zip Code 60018

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Golf & River Rds.

Street Golf & River Rd.

City Des Plaines

County Cook

State Ill.

Zip Code 60016

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Sanitary Improvement (operator)

Phone 823 5178

(312)

John Lanenga, Jack

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1955

To (Year) 1969

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☒ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

Source of Waste:
Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space, give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet _____

gallons _____

Total Facility Area

square feet _____

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

Unknown

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Signature and Title:

A person or authorized representative (such as plant managers, superintendents, officers or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in Item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Arc Disposal Co. Inc.

Name 5859 N. River Rd.

Street Rosemont, Ill. 60018

City State Zip Code

Signature *Jack Lane* Date 6/5/51

- ☐ Owner, Present
- ☐ Owner, Past
- ☒ Transporter
- ☐ Operator, Present
- ☐ Operator, Past
- ☐ Other

Cook Co. - S.F.



Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

IL #166

ILS-000-001-124

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Sanitary Improvement (operator)

Street 5859 N. River Rd.

City Rosemont, Ill. 60018

State

Zip Code

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Golf & River

Street Golf & River Rds.

City Des Plaines, Ill. County Cook

State Ill.

Zip Code 60018

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Sanitary Improvement

Phone 823 5178

General Manager Lanenga, Jack

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1955

To (Year) 1969

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☒ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☐ Other (Specify)

Source of Waste:
Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet _____

gallons _____

Total Facility Area

square feet _____

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

unknown

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name SANITARY IMPROVEMENT -

Street 5859-N-RIVER RD.

City ROSEMONT, State ILL. Zip Code 60018

Signature Jack Lanenga Date 6/8/81

LANENGA, JACK

CORP. DISSOLVED IN ABOUT 1970.

- ☐ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☐ Operator, Present
- ☒ Operator, Past
- ☐ Other

B

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
Division of Sanitary Engineering

APPLICATION FOR REGISTRATION
OF
REFUSE DISPOSAL SITE OR FACILITY

0107000035

1. NAME OF REGISTRANT: Sanitary Improvement Co.

2. ADDRESS: 5859 N. River Rd., Rosmont, Ill. 60018
(STREET) (CITY) (ZIP CODE)

3. REGISTRATION REQUESTED FOR: (Check one or combination if applicable)

☐ Dump

☐ Incinerator

☒ Sanitary Landfill

☐ Other

4. LEGAL DESCRIPTION OF SITE LOCATION: County Cook Range

Township Maine Section Quarter
Northeast corner of Golf Road and River Road, Des Plaines, Ill.

5. IS REGISTRANT THE OWNER OF THE DISPOSAL SITE OR FACILITY? ☐ Yes ☒ No

6. IF ANSWER TO (5) IS NO, GIVE NAME & ADDRESS OF OWNER:

Sisters of Nazareth, 353 N. River Rd., Des Plaines, Ill.

In conformance with Section 2 of the Refuse Disposal Law of the State of Illinois, application is made herewith for registration of the refuse disposal site or facility described above.

DATE July 28, 1969


Authorized Representative

REFUSE DISPOSAL SITE SURVEY

DATE: May 16, 1966

COUNTY: Cook

PERSON (s) INTERVIEWED Charles Heardt

RECEIVED

JUL 15 1966

DIVISION OF SANITARY ENGINEERING
ILLINOIS DEPT. OF PUBLIC HEALTH

I. SITE IDENTIFICATION

Name (if any): Sanitary Improvement Corporation

Owner: Ed De Boer

Operator: Charles Heardt

If owned or operated by a private firm or person give address: _____

5859 N. River Road Chicago, Illinois

Type: open dump, X sanitary landfill, incinerator

Serving: (municipalities or area) Both

II. LOCATION

In municipality (street): _____

Rural: Section 8 Township Maine County Cook

Sketch: (On reverse side of sheet show approximate layout and location with respect to nearest municipality, highway or road, and other physical features such as streams or railways).

III. DISPOSAL SITE

A. General (Check one)

(Check one)

Gravel Pit, dry, or in water

Lowland X

Quarry, " " " "

Swamp

Clay Pit, " " " "

Flat Upland

Borrow Pit, " " " "

Rough Upland

Pond or Lake

Gully

Flowing Stream

III. B. Flooding:

Site subject to flooding by ___ surface drainage ___ stream ___ unknown

C. Water sources (in vicinity of site):

 X River Lake
 Creek Pond
 Other Stream Well (s)

1. Are any of the above adjacent to or within the site? ___ yes X no
2. Does drainage from the disposal site reach or enter any of the above? ___ yes X no ___ unknown
3. If the answer to (1) or (2) is yes, describe briefly:

D. Size:

20 acres

Approx. length width

If in pit, depth

If landfill, fill depth 30 ft.

E. List types of refuse observed (i.e., garbage, paper, etc.)

F. Are combustibles burned at the site? no

G. Was there burning at the time of the survey no

H. General Comments: (use reverse side if necessary)

Sanitary Landfill operation. In good condition.

John Marusars

(signed)

00970000134

N



Holy Family
Convent

River Rd

Landfill
Site

Golf Rd

SOLID WASTE DISPOSAL

Field Inspection (X)

Office Interview ()

Cook

CO. - S. W. D.

REGION: NB

DES PLAINES

(Location of Site)

(Responsible Party)

INSPECTOR(S): PLESNIAK

DATE: 8-29-69 TIME: 12:00 INTERVIEWED:

SITE: (Proposed, Existing), REGISTERED (Yes No), APPROVED (Yes, No, N/A), DATE OPERATION STARTED:

OPERATOR/LESSEE: Address: PHONE:

PROPERTY OWNER: Address:

LOCATION NE corner of Holly & River Rds.

LEGAL DESCRIPTION: Range, Twp., Sec., Quarter

Type of Terrain: Gravel Pit (), Quarry (), Clay Pit (), Strip Mine (), Gully ().

Depth

Upland (), Lowland (), Swamp (), Other

Total Area: Area Completed:

ZONING: NEAREST MUNICIPALITY: (Name) (Distance)

ADJACENT LAND USE: NEAREST HOUSE/BUILDING: ON SITE (Distance)

AREAS/COLLECTORS SERVED:

Contracts Issued: (Yes, No)

AMOUNT OF REFUSE RECEIVED DAILY: At Present: Anticipated:

TYPES OF REFUSE RECEIVED: ALL

DISPOSAL RATES: \$ DAYS & HRS. OF OPERATION:

DISPOSAL METHOD: Open Dump, Landfill, Landfill Variation, Brush Burning, Approved Incineration, Open Burning, Other

LANDFILL METHOD: French Area Fill, Combination, N/A

TYPE AND CONDITION OF ACCESS ROAD: To Site: PAVED On Site: GRAVEL

METHOD OF RESTRICTING ENTRANCE TO SITE: GATE

SHELTER AND SANITARY FACILITIES: Findings: ON SITE

SALVAGE OPERATION: (Yes No) Findings:

DEPOSITING HAZARDOUS MATERIALS: (Yes, ☒ No) Types: _____

EQUIPMENT AVAILABLE: See _____

COVERING REFUSE DAILY: ☒ No) DEPTH: 20 inches, Sufficient Cover Available ☒ Yes) No)

Findings: _____

Blowing Litter (Yes, ☒ No), Fencing Provided ☒ Yes) No)

PROVIDING FINAL COVER: ☒ Yes, No) DEPTH: 24 inches

Findings: _____

VECTORS: Findings: NONE _____

Control Activity: _____

DUMPING IN WATER: (Yes, No) Water Depth: _____ inches, Site Subject to Flooding: (Yes, No)

Method of Diverting/Removing Surface Water from Site: _____

SURFACE WATER: Creek _____ River _____ Pond _____ Lake _____
(Name) (Name) (Name) (Name)

Distance from Fill (if within $\frac{1}{2}$ mile) _____, Leachate from Fill into Water (Yes, No)

WELLS (Potable, Non-Potable): Distance from Fill (if within $\frac{1}{2}$ mile) #1 _____
Feet/Yards

#2 _____, #3 _____
Feet/Yards Feet/Yards

Sample Taken: #1 (Yes, No), #2 (Yes, No), #3 (Yes, No), Ground Water Level: _____
(Feet)

FIRE PROTECTION ARRANGEMENTS: _____

REMARKS: NOT COVERING DAILY - OPERATOR SAYS THEY ARE NOT COVERING BECAUSE IF IT RAINS IT IS IMPOSSIBLE TO TRAVEL OVER THE COVERED AREA TO DUMP.

SOLID WASTE DISPOSAL

Field Inspection (4)

Office Interview ()

COOK

CO. - S. W. D.

REGION: NEDes PLAINS

(Location of Site)

SANITARY IMPROVEMENT CO

(Responsible Party)

INSPECTOR(S): Van SonnenDATE: 4-3-70TIME: 3:15

INTERVIEWED: _____

SITE: (Proposed, Existing), REGISTERED (Yes, No), APPROVED (Yes, No, N/A), DATE OPERATION
STARTED: _____OPERATOR/LESSEE: SAME

ADDRESS: _____

PHONE: _____

PROPERTY OWNER: SAME

ADDRESS: _____

LOCATION: NORTH EAST CORNER OF GOLF + RIVER Rds

LEGAL DESCRIPTION: Range _____, Twp. _____, Sec. _____, Quarter _____

Type of Terrain: Gravel Pit (), Quarry (), Clay Pit (), Strip Mine (), Gully (),
Depth _____

Upland (), Lowland (), Swamp (), Other _____

Total Area: _____

Area Completed: _____

ZONING: INDUSTRIAL - RESIDENTIAL NEAREST MUNICIPALITY: DES PLAINS

(Name)

(Distance)

ADJACENT LAND USE: SAMENEAREST HOUSE/BUILDING: ON SITE

(Distance)

AREAS/COLLECTORS SERVED: DES PLAINS

Contracts Issued: (Yes, No)

AMOUNT OF REFUSE RECEIVED DAILY: At Present: _____ Anticipated: _____

TYPES OF REFUSE RECEIVED: _____

DISPOSAL RATES: \$ _____ DAYS & HRS. OF OPERATION: _____

DISPOSAL METHOD: Open Dump, Landfill, Landfill Variation, Brush Burning, Approved Incineration, Open Burning, Other _____

LANDFILL METHOD: Trench, Area Fill, Combination, N/A

TYPE AND CONDITION OF ACCESS ROAD: To Site: PAVEDOn Site: GRAVELMETHOD OF RESTRICTING ENTRANCE TO SITE: GATESHELTER AND SANITARY FACILITIES: Findings: ON SITE

SALVAGE OPERATION: (Yes, No) Findings: _____

DEPOSITING HAZARDOUS MATERIALS: (Yes, No) Types: _____

EQUIPMENT AVAILABLE: ON SITE

COVERING REFUSE DAILY: (Yes, No) DEPTH: _____ inches, Sufficient Cover Available (Yes, No)

Findings: _____

Blowing Litter (Yes, No), Fencing Provided (Yes, No)

PROVIDING FINAL COVER: (Yes, No) DEPTH: _____ inches

Findings: NONE

VECTORS: Findings: _____

Control Activity: _____

DUMPING IN WATER: (Yes, No) Water Depth: _____ inches, Site Subject to Flooding: (Yes, No)

Method of Diverting/Removing Surface Water from Site: _____

SURFACE WATER: Creek _____ River _____ Pond _____ Lake _____
(Name) (Name) (Name) (Name)

Distance from Fill (if within 1/4 mile) _____, Leachate from Fill into Water (Yes, No)

WELLS (Potable, Non-Potable): Distance from Fill (if within 1/4 mile) #1 _____
Feet/Yards

#2 _____, #3 _____
Feet/Yards Feet/Yards

Sample Taken: #1 (Yes, No), #2 (Yes, No), #3 (Yes, No), Ground Water Level: _____
(Feet)

FIRE PROTECTION ARRANGEMENTS: _____

REMARKS: (1) IS-IN-COMPLIANCE

44-1117-
SANITARY IMPROVEMENT CO.
5859 N. River Road
Rosemont, Illinois

May 1, 1970

RECEIVED

MAY 5 1970

State of Illinois
Department of Public Health
Division of Sanitary Engineering
Springfield, Ill: 62706

DIVISION OF SANITARY ENGINEERING
ILLINOIS DEPT. OF PUBLIC HEALTH

Attention: Mr. H. A. Frederick

RE: Sanitary Landfill site
NE corner Golf and River Roads, Des Plaines, Ill.

Mr. Frederick:

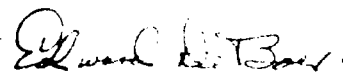
The sanitary landfill site located at the northeast corner of Golf Road and River Road (between the Des Plaines River and Golf Road), Des Plaines, Ill., has ceased receiving refuse and is in the process of final leveling and grading.

The exact date that this work will be completed is difficult to determine due to the fact that weather is such a factor.

We will notify your office when all work is completed.

Thank you.

Sincerely,


Edward De Doer
Sanitary Improvement Co.



STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY

DEC 10 1970

SPRINGFIELD, ILLINOIS 62706
AREA 217 - 525-6580

In Reply Refer to:
COOK COUNTY/Solid Waste Disposal
Des Plaines/Sanitary Improvement Company

Sanitary Improvement Company
5859 No. River Road
Bosemont, Illinois
P. O. Box Des Plaines, Illinois 60018

ATTN: Ed DeBoer

Gentlemen:

On November 24, 1970, Sanitarian Rene' Van Someren of our Aurora office inspected the subject refuse disposal site located at the northeast corner of Golf and River Roads.

Our representative reports that final cover has been applied as required.

This site is, therefore, considered closed.

Your cooperation in applying final cover as required by this Agency is appreciated.

Very truly yours,

ENVIRONMENTAL PROTECTION AGENCY

C. W. Klassen
Director

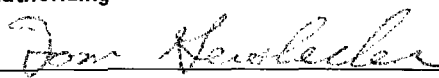
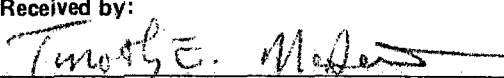
mcc
RVS:mcm

cc - Spfld.

- Cook Co. H. D.
- Region VII

THE NEW ILLINOIS
We accommodate

0089001323

| | | | | | | |
|---|--|--|--|--|---|---|
| 1A. Cost Center: FT 1503 | | FIT ZONE II CONTRACT Contract Number 68-01-7347 TECHNICAL DIRECTIVE DOCUMENT (TDD) | | | 2. TDD Number: F 1503 | |
| 1B. Account Number: F1503484 | | | | | 2A. Amendment: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Technical | |
| 3A. Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low | | 3B. Key EPA Contact: Name: J. JOSIF Phone: 1-800-123-4567 | | | | |
| 4A. Estimate of Technical Hours: 10 | | 4B. Subcontract: | 4C. Estimate of Subcontract Cost: | | 5A. SSID Number: | 5B. CERID Number: 1503484/1 |
| 5C. EPA Site Name: GOLF AND RIVER LANDFILL | | | | 5D. City/County/State: DEERFIELD/COOK CO, IL | | |
| 6. Desired Report Format: <input type="checkbox"/> Formal Report <input checked="" type="checkbox"/> Standard Report <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Letter Report <input type="checkbox"/> Formal Briefing | | | | 7A. Activity Start Date: 10/9/87 | | 7B. Estimated Completion Date: 10/15/87 |
| 8A. Type of Activity: <input type="checkbox"/> PA <input type="checkbox"/> HRS Support <input type="checkbox"/> Enforcement Support <input type="checkbox"/> Training <input checked="" type="checkbox"/> SI <input type="checkbox"/> QA Support <input type="checkbox"/> Program Management <input type="checkbox"/> General Technical Assistance <input type="checkbox"/> ESI <input type="checkbox"/> Special Studies <input type="checkbox"/> Equipment Maintenance | | | | | 8B. FIT/SCAP Goal: Will Deliverable Meet a Unit of the Goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. General Task Description: PREPARE WORK PLAN SITE INSPECTION ACTIVITIES AT THE GOLF AND RIVER LANDFILL SITE AND SUBMIT THE WORK PLAN TO ERNS FOR APPROVAL. CONCURRENTLY, SUBMIT A COPY TO THE RESPECTIVE STATE AGENCY FOR ITS FILES. | | | | | | |
| 10. Specific Elements: <input type="checkbox"/> Additional Scope Attached | | | | | 11. Interim Deadlines: | |
| | | | | | | |
| 12. Comments: | | | | | | |
| 13. Authorizing: <div style="display: flex; justify-content: space-between;"> <div>  (Signature) </div> <div> <input checked="" type="checkbox"/> RPO <input type="checkbox"/> DPO <input type="checkbox"/> PO </div> </div> | | | | | 14. Date: 10-9-87 | |
| 15. Received by: <div style="display: flex; justify-content: space-between;"> <div>  (Contractor FITOM Signature) </div> <div> <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted with Exceptions (Attached) <input type="checkbox"/> Rejected </div> </div> | | | | | 16. Date: 10-9-87 | |

M E M O R A N D U M

TO: Alan Altur, U.S. EPA
FROM: Greg Youngstrom, Ecology and Environment, Inc.
DATE: July 9, 1991
SUBJECT: Illinois/F05-8710-030/FIL0622SB
Des Plaines/Golf and River Landfill
ILD980612717

This memorandum is in response to comments submitted by the Illinois Environmental Protection Agency (IEPA) to the United States Environmental Protection Agency (U.S. EPA) dated March 19, 1990, regarding the Screening Site Inspection Report for Golf and River Landfill Site. Each comment will be addressed numerically.

1. Groundwater sampling was not conducted during the SSI in accordance with the U.S. EPA approved work plan, as stated on page 3-1.
- 2 & 3. While it is true that glacial deposits can vary greatly, FIT believes from a review of the area well logs that there is a substantial clay layer between the landfill and the aquifer of concern. With the exception of one well log, which does not list the material types, all of the well logs show clay deposits between 90 to 157 feet thick. The low permeability associated with this clay layer should act as a barrier to transport, even given the fact that the permeabilities of glacial deposits are highly variable.